

MEMORANDUM

TO:

Kimball Payne, City Manager

FROM:

Cecil V. Martinette Jr., Fire Chief COM

DATE:

March 8, 2004

RE:

INCREASING AMBULANCE TRANSPORT RATES

FILE:

After considerable evaluation of Medicare fee schedule information, consideration of ambulance transport fees for other areas of the State, and careful review of the City's own ambulance fees, the department is recommending an increase in our current ambulance transport fee schedule as follows:

Transport Type	Existing	Proposed
Basic Life Support - Non Emergency	175	325
Basic Life Support - Emergency	200	350
Advanced Life Support – Non Emergency	225	425
Advanced Life Support – Emergency 1	250	450
Advanced Life Support – Emergency 2	275	575
Loaded Patient Mile	5.00/mile	8.00/mile

As you will note on the attached worksheet, an additional \$600,000 could be collected during FY 2005 as a result of these increases. And, while these proposed increases are of considerable magnitude, a significant increase in the City's rates is necessary before the Medicare "Blended Fee" Schedule reaches its final level on January 1, 2006.

I realize that additional review and action by City Administration and City Council is required prior to the implementation of the revised rates, however the department believes July 1, 2004 would be the most appropriate starting date for the new fee schedule.

If you would contact me regarding steps involved in the review and approval process, I will direct our staff to initiate these activities as quickly as possible.

I look forward to working with you, your staff, and City Council on this most important project.

Attachment

FY 2005 Estimated Ambulance Transport and Mileage Revenue *

* Includes anticipated payments from primary carrier and secondary insurance/patient co-payments, if applicable

	FY 2005 Est	imated Tra	ansport Reven	HUB		Medicare			ı	Medicaid				8	C/BS A	nthem			Other C	omm. Inst	rance		Private I	Pay			Oth	er		Total
	Current Transport	Propose Transpo	rt Estimated	Aliowabie	Total	Total	Collection		Estimated	Total	Total ***	Estimates Collection	f Estimated Medicald	Estimated	Total		d Estimated BC/BS Anth.	Estimated	Total	Estimate Collection		Estimated	Total	Estimated Collection		Estimated		Estimated Collection	Estimated "Other"	Estimated FY 2005 Annual
Type Transport	Fee (\$)	Fee (\$)	Transports	Charge(\$)**	Billed (\$)	Allowable(\$	Rate	Revenue(\$)	Transports	Billed(\$)	Allowed	Rate	Revenue(\$)	Transports E	Billed(\$)	Rate	Revenue(\$)	Transports	Billed(\$)	Rate	Revenue(\$)	Transports	Billiod(\$)	Rate	Revenue(\$)	Transports I	Billed(\$)	Rate	Revenue(\$)	Revenue
BLS NE	175	325	1290	151.28	419,250	195,15	60%	117,091	473	153,725	32,455	85%	27,587	238	77,350	80%	61,880	359	116,67	5 80%	93,340	359	116,678	5 60%	70,005	34	11,050	100%	11,050	380,952
BLS E	200	350	1633	216.42	571,550	353,414	85%	300,402	925	323,750	63,469	85%	53,948	384 1	134,400	80%	107,520	562	196,700	0 80%	157,360	394	137,900	0 60%	82,740	3	1.050	100%	1.050	703,020
ALS NE	225	425	15	195.82	6,375	2,937	85%	2,497	5	2,125	343	85%	292	4	1,700	80%	1,360	9	3,82	5 80%	3,060	4	1,700	0 60%	1,020	0	0	100%	0	8,228
ALS 1	250	450	684	277.29	307,800	189,663	85%	161,213	199	89,550	13,654	85%	11,606	156	70,200	80%	56,160	293	131,850	0 80%	105,480	215	96,750	0 60%	58,050	3	1.350		1,350	393,860
ALS 2	275	575	42	376.20	24,150	15,800	85%	13,430	5	2,875	343	85%	292	11	6,325	60%	5,060	20	11,500	0 80%	9,200	11	6,325	5 60%	3,795	0	0	100%	0	31,777
Sub total			3664		1,329,125	756,966	3	594,633	1607	572,025	110,264		93,724	793 2	89,975	i	231,980	1,243	460,550	0	368,440	983	359,350	0	215,610	40	13,450		13,450	1,517,837

^{**} Includes six months of CY 2004 rate and six months of CY 2005 rate

*** Medicaid reimburses via a flat fee schedule, paying \$75 or \$150 depending on the number of miles a patient is transported. No other payments are provided other than select patient co-payments for some Medicare patients.

FY 2005 Estimated Mileage Revenue

		Proposed	ì				Estimated	Estimated
	Current Mileage Fee	Mileage Fee	Agency/ Group	Est. Miles****	Allowable Charge(\$)	Total Mileage Billed(\$)	Collection Rate	Mileage Revenue
Loaded Mile	5/LM	8/LM	Medicare	12,824	4.83	61,940	85%	52,649
	5/LM	8/LM	Medicaid	5,625	0	0	0%	0
	5/LM	8/LM	BC/BS Anthr	2,776	8.00	22,204	80%	17,763
	5/LM	8/LM	Other Ins.	4,351	8.00	34,804	80%	27,843
	5/LM	8/LM	Private Pay	3,441	8.00	27,524	60%	16,514
	5/LM	8/LM	Other Ins.	140	8.00	1,120	100%	1,120
	Total			29,155		147,592		115,890

^{****} Total transports x 3.5 miles

FY 2003 Transport Summary							
Type Call/Payer	Medicare	Medicald	BC/BS Anthem	Other Comm Insurance	Private Pay	Other	Total
BLS NE	1,290	473	238	359	359	34	2.753
BLS É	1.633	925	384	562	394	3	3,901
ALS NE	15	5	4	9	4	ō	37
ALS 1	684	199	156	293	215	3	1,550
AL\$ 2	42	5	11	20	11	ō	89
Total	3,664	1.607	793	1,243	983	40	8.330
Percent of Total	44.0%	19.3%	9.5%	14.9%	11.8%	0.5%	100.0%

TOTAL ESTIMATED FY 2005 AMBULANCE TRANSPORT AND MILEAGE REVENUE ESTIMATE

1,633,727

Ambulance Transport Fee Survey (March 3, 2004)

Agency	BLS-	BLS-	ALS-	ALS-	ALS-	Mileage	Comments
	NE	E	NE	1	2		
Lynchburg	325	350	425	450	575	8.00	
(Proposed)							
Amherst Co.	_	300	-	400	550	8.25	
Chesterfield Co.	-	350	-	385	385	7.50	Would like to charge more for ALS-
							2 transports
Colonial Heights	-	350		350	350	7.50	
Eastern Shore	1	300	-	400	550	8.25	Nine (9) volunteer agencies
Halifax Co	-	300	-	400	550	8.25	Volunteer rescue agency
Hampton	•	200	_	270	270	0	\$48/yr. Subscription Program
Hopewell	-	300	**	400	500	7.50	
Newport News	150	150	200	200	200	-	\$30 service fee
Norfolk	-	288	-	342	497	5.75	
Portsmouth	_	288	-	497	588	5.75	Information from May 2003
Prince Edward	-	300	-	400	500	7.00	Volunteer rescue agency
Co							
Prince George	-	350	-	400	450	8.25	Volunteer agency-to initiate charge
Co							system in the near future
Richmond Co	-	300	-	400	550	8.25	Volunteer rescue agency
Roanoke City	175	280	290	290	290	9.00	Response & evaluation fee - \$70
Washington Co	-	300	-	400	575	8.25	Volunteer Fire/EMS agency
York Co	-	_	+	-	-	-	Agency does not bill for EMS